

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-11-05.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The IRO reviewed office visits, neuromuscular re-education, therapeutic exercises for 3-15-04 through 6-21-04 that were denied by the insurance carrier for medical necessity.

The office visits, neuromuscular re-education, therapeutic exercises for 3-15-04 through 6-21-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is \$1,176.32.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 4-5-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 97124-GP on 3-17-04 was denied by the carrier as "N-not documented." Per Rule 133.307 (g) (3)(B) the additional documentation shall include a copy of any pertinent medical records or other documents relevant to the fee dispute. A description of the CPT codes which were billed does not constitute "medical records". **No reimbursement recommended.**

CPT code 97032-GP on 3-17-04, 3-22-04, 3-23-04, 3-24-04, 3-29-04, 3-30-04, 3-31-04, 4-5-04, 4-6-04, 4-7-04, 4-12-04, 4-14-04, 4-19-04, 4-20-04, 4-26-04, 4-28-04, 5-12-04, 5-17-04, 5-25-04, 5-26-04 and 5-27-04 was denied by the carrier as "N-not documented." Per Rule 133.307 (g) (3)(B) the additional documentation shall include a copy of any pertinent medical records or other documents relevant to the fee dispute. A description of the CPT codes which were billed does not constitute "medical records". **No reimbursement recommended.**

CPT code 97035-GP on 3-17-04 was denied by the carrier as "N-not documented." Per Rule 133.307 (g) (3)(B) the additional documentation shall include a copy of any pertinent medical records or other documents relevant to the fee dispute. A description of the CPT codes which were billed does not constitute "medical records". **No reimbursement recommended.**

CPT code 97140-GP on 3-22-04, 3-23-04, 3-24-04, 3-29-04, 3-30-04, 3-31-04, 4-5-04, 4-27-04 and 4-28-04 was denied by the carrier as "N-not documented." Per Rule 133.307 (g) (3)(B) the additional documentation shall include a copy of any pertinent medical records or other documents relevant to the fee dispute. A description of the CPT codes which were billed does not constitute "medical records". **No reimbursement recommended.**

Regarding CPT code 97110-GP on 4-6-04, 4-7-04, 4-12-04, 4-14-04, 4-19-04, 4-20-04, 4-26-04, 4-27-04, 4-28-04, 5-3-04, 5-4-04, 5-6-04, 5-12-04, 5-17-04, 5-18-04, 5-19-04, 5-25-04, 5-26-04 and 5-27-04, 6-1-04, 6-2-04 and 6-4-04: these services were denied by the carrier as "N-not documented." Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

CPT code 97112-GP on 4-27-04 was denied by the carrier as "N-not documented." Per Rule 133.307 (g) (3)(B) the additional documentation shall include a copy of any pertinent medical records or other documents relevant to the fee dispute. A description of the CPT codes which were billed does not constitute "medical records". **No reimbursement recommended.**

CPT code 97140-GP on 4-28-04 was denied by the carrier as "F-fee guideline MAR reduction." The EOB shows that the insurance carrier has reimbursed \$31.73 which is the MAR for this service. (This payment was not verified with the requestor.) **Recommend no additional reimbursement.**

CPT code 97032-GP on 4-28-04 was denied by the carrier as "F-fee guideline MAR reduction." The EOB shows that the insurance carrier has reimbursed \$18.73 which is the MAR for this service. (This payment was not verified with the requestor.) **Recommend no additional reimbursement.**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees totaling \$1,176.32 for 3-15-04 through 6-4-04 outlined above as follows: In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Decision and Order is hereby issued this 7th day of June 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

May 25, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-1930-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission

(TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 47 year-old male injured his neck, head and most of his body on the left side on ____ when a wall of iron fell on him. He complained of bilateral neck pain radiating to his arms, bilateral shoulder pain, left arm pain, rib cage tenderness, jaw pain, and severe headaches. He has been treated with medications, therapy and epidural steroid injections.

Requested Service(s)

Office visits, neuromuscular re-education, therapeutic exercises for dates of service 03/15/04 through 06/21/04

Decision

It is determined that there is medical necessity for the office visits, neuromuscular re-education, therapeutic exercises for dates of service 03/15/04 through 06/21/04 to treat this patient's medical condition.

Rationale/Basis for Decision

This patient has received evaluations, treatment and diagnostic testing that confirm the significance of his injury. Additional consultations were obtained that resulted in medication, trigger point injection and eventually, surgery in 2004. His surgeon recommended post surgical rehabilitation that was confirmed and completed by his treating doctor. National treatment guidelines allow for this type of treatment for this type of injury. There is sufficient documentation to clinically justify this post surgical rehabilitation program. Therefore, the office visits, neuromuscular re-education, and therapeutic exercises for dates of service 03/15/04 through 06/21/04 are medically necessary to treat his medical condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-1930-01

Information Submitted by Requestor:

- Progress Notes
- Diagnostic Tests
- Procedures

Information Submitted by Respondent:

- Claims